



WASTE PILE OR TIRE USE VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

SFN 51445 (4-2007)

FOR STATE USE ONLY

File

County

Please be familiar with applicable portions of the North Dakota Solid Waste Management Rules and Guidelines before completing the application. The source, type, and characteristics of your waste will determine which rules apply. A written variance must be received from the Department before waste management activities may begin. Please call the Department's Solid Waste Program at (701) 328-5166 to coordinate your application with a Department staff member.

NOTE: Application must be complete and include all diagrams, narrative, and signatures identified below.

1. Proposed Waste Pile or Tire Use Location and Property Ownership

1/4	1/4	Section	Township	Range	County
Total Acreage					
Property owner acknowledgment of approval for use of site for waste management activities as described below.					
Property Owner Name				Telephone	
Signature				Date	
Address			City	State	Zip Code
Present Land Use					
Future Land Use					
Is the property owned free and clear?					
Mortgage holder acknowledgment of approval for use of site for waste management activities as described.					
Name				Telephone	
Signature				Date	
Address			City	State	Zip Code

2. Responsible Party or Contractor For Waste Use or Stockpiling (if more than one, list on separate sheet).

Name	Contact				
Address	City	State	Zip Code		
Telephone	Waste Hauler Permit Number				
Equipment Used For Waste Disposal					
Party Responsible for Waste Use or Stockpiling: The waste or the material scheduled for stockpiling or use has been, or will be, inspected and properly managed. Prohibited waste or materials not approved by the Department will not be accepted, disposed, stockpiled, and/or will be removed, as necessary, to ensure compliance with the North Dakota Solid Waste Management Rules. All activities will be conducted in a manner consistent with the North Dakota Solid Waste Management Rules.					
Signature		Printed Name			Date

3. Maps

Indicate which maps accompany the application (see Instructions in Disposal Site Selection of guideline):

4. Disposal Site And Soil Characteristic

Site Slope (percent)	Distance to Surface Water (feet)	Depth to Seasonal High Water Table (feet)
Soil Type and Texture		

5. Stockpile Site Design, Use and Closure (use supplemental drawings, narrative, etc., as necessary)

Life of Facility
Site Design and Development. Please enclose appropriate maps, diagrams, and a timetable showing time lines for completing activities.
Describe emergency measures to be taken for vector control (insects, rodents, etc., and in the event of a fire, release, or any other contingency).
Describe the final disposal of the waste material when the area is to be closed.
Leachate and Storm Water Control (if applicable)

6. Financial Assurance, if Required by Local Zoning or the Department

As applicable, indicate what financial provisions will be available for final cleanup and disposal.		
Amount or Cash Value of Financial Provisions	Amount to be Added to Account	Per (ton, month, etc.)
Holder of Financial Instrument		Telephone

7. Fire and/or Emergency Response Contacts

The applicant must discuss the proposed stockpile or waste reuse project with fire and emergency response officials and ensure that appropriate measures are undertaken to address necessary and appropriate emergencies and contingencies.	
In signing this variance application, I have reviewed proposed waste pile or waste reuse facility and, to the best of my knowledge, necessary and appropriate fire and emergency provisions are acceptable as described in this application.	
District or Jurisdiction	Telephone
Owner's Signature	Date
Print Name	Title

8. Local Zoning and Health Approval

Waste stockpile or reuse must not conflict with local zoning ordinances. Consult with representatives of the applicable zoning jurisdiction (county, township, or city) and health officials to determine compliance with zoning and health ordinances. Appropriate representatives of local zoning jurisdiction (township and county or city), health officials, and other pertinent officials must sign the application. Additional letters of support or signature blocks may be attached to this application as needed.			
I, the undersigned, hereby certify that waste disposal at the location described on this application does not conflict with local zoning or health ordinances.			
Township or Zoning Jurisdiction		Print Name	
Title		Telephone	
Signature of Township Official indicating approval for use		Date	
County Zoning Jurisdiction		Print Name	
Title		Telephone	
Signature of County Official indicating approval for use		Date	

9. Notification on Deed to Property

Site Owner/Operator must file a Notification of Waste Management Activities with the County Register of Deeds. The notification must notify persons conducting a title search of the site that the site has been used for waste management activities and is subject to the requirements of Chapter 33-20 NDAC. The notice must specify that at the cessation of the activities addressed in the variance, all residual unused or unusable material must be properly disposed in accordance with the North Dakota Solid Waste Management Rules (Chapter 33-20 NDAC). Remaining waste materials, if not being used or piled in accordance with the variance and the state rules, must be properly closed. Any new landowners are advised to be aware of the facility requirements. In signing this section, I agree that the Department will be provided with a certified copy of the Notice within thirty (30) days of filing.			
Signature of Landowner/Operator			Date
Print Name		Title	

10. Waste Source and Description (complete as separate sheets for every generator)

As a condition of the variance, the owner/operator must keep records on the sources, types, and amounts of waste accepted from generators. This form may be duplicated for each generator and updated as necessary. Generators may wish to keep copies of completed forms for their records in case of default or environmental contingency.			
Generator's Name			Telephone
Mailing Address	City	State	Zip Code
Generator's Location Address (if different than mailing address)	City	State	Zip Code
Transporter Name			Waste Hauler Permit Number
Designated Facility Name			Telephone
Address	City	State	Zip Code
Waste Description	Quantity	Volume	

Please be reminded that **waste generators and transporters are responsible** for the proper management of waste materials. Subsections 1-3 of Section 33-20-01.1-04 NDAC (North Dakota Solid Waste Management Rules) states:

1. Any person who owns or operates any premises, business establishment, or industry is responsible for the solid waste management activities, such as storage, transportation, resource recovery, or disposal of solid waste generated or managed at that person's premises, business establishment, or industry.
2. No solid waste may be delivered to a facility which is not in compliance with this article or abandoned upon any street, alley, highway, public place, or private premises.
3. Solid waste must be stored, collected, and transported in a manner that provides for public safety, prevents uncontrolled introduction into the environment, and minimizes harborage for insects, rats, or other vermin.

Waste Generator's Certification: As generator of the waste, I hereby declare that the contents of this consignment are fully and accurately described above and are in proper condition for shipment. I am aware of the requirements of Section 33-20-01.1-04 NDAC as described on the previous page.

Signature	Printed Name	Date
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Transporter acknowledgment of receipt of waste material

Transporter's Signature	Printed Name	Date
Discrepancy or Comments		

Facility Owner/Operator certification of receipt of waste materials covered by this waste tracking form except as noted in Discrepancies above.

Signature	Printed Name	Date
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Mail this application and supplemental maps, diagrams, letters, forms, etc., to: ND Department of Health
Division of Waste Management
918 E. Divide Ave., 3rd Fl.
Bismarck, ND 58501-1947

Telephone: 701-328-5166 · Fax: 701-328-5200 · Website: www.ndhealth.gov/wm